

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		113	7/20/01
<b>FORMALITY REVIEW</b>	mtb	95n	7/25/01
<b>RESPONSE FORMALITY REVIEW</b>	mtb	712	09-17-01

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date						
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Claim	Date	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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Bester  
RESP-5583  
01/18/01